

FACSIMILE COVER SHEET**Licata & Tyrrell P.C.**66 E. Main Street
Marlton, New Jersey

Tel: (856) 810-1515

Fax: (856) 810-1454

March 13, 2001

TO: Stephen Gucker**FAX RECEIVED**

MAR 14 2001

GROUP: 1647**GROUP 1600****FAX NUMBER: 1-703-308-4242****ATTORNEY DOCKET NO.: 12917 (PTQ-0027)****SERIAL NO.: 09/115,589****FILED: July 15, 1998****NUMBER OF PAGES: 6**
(including this sheet)

OFFICIAL

MESSAGE: Attached is a Change of Attorney or Agent Address in Application and Associate Power of Attorney.

If you have any questions, please do not hesitate to contact us.

**URGENT! PLEASE DELIVER IMMEDIATELY UPON
RECEIPT. THANK YOU!**

* * * * *

If you have any questions, or did not receive the proper number of pages, or had trouble during transmission, please call 856-810-1515.

CONFIDENTIALITY NOTICE

The information contained in this facsimile message is legally privileged and confidential, and intended only for the use of the individual(s) and/or entity(ies) named above. If you are not the intended recipient, you are hereby notified that any unauthorized disclosure, copying distribution or taking of any action in reliance on the contents of the telecopied materials is strictly prohibited and review by any individual other than the intended recipient shall not constitute waiver of the attorney client privilege. If you have received this transmission in error, please immediately notify us by telephone in order to arrange for the return of the materials. Thank you.

#13

TRANSMITTAL LETTER
(General - Patent Pending)Docket No.
12917 (PTQ-0027)

In Re Application Of: Van Eyk et al.

Serial No.
09/115,589Filing Date
July 15, 1998Examiner
Stephen GuckerGroup Art Unit
1647

Title: METHODS OF DIAGNOSING MUSCLE DAMAGE

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

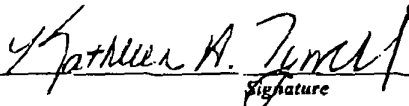
Transmitted herewith is:

Change of Attorney or Agent Address in Application (37 CFR 1.8(a))
Associate Power of Attorney**FAX RECEIVED**
MAR 14 2001
GROUP 1600

OFFICIAL

in the above identified application.

- ☒ No additional fee is required.
- ☐ A check in the amount of _____ is attached.
- ☒ The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 50-1619 as described below. A duplicate copy of this sheet is enclosed.
- ☐ Charge the amount of _____
- ☐ Credit any overpayment.
- ☒ Charge any additional fee required.


SignatureKathleen A. Tyrrell
Reg. No. 38,350

Dated: March 13, 2001

26259
PATENT TRADEMARK OFFICE

I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CC:

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Van Eyk et al.			12917 (PTQ-0027)
Serial No. 09/115,589	Filing Date July 15, 1998	Examiner Stephen Gucker	Group Art Unit 1647
Invention: METHODS OF DIAGNOSING MUSCLE DAMAGE			
<p>I hereby certify that this <u>Change of Attorney or Agent Address in Application and Associate Power of Attorney</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-308-4242</u>)</p> <p>on <u>March 13, 2001</u> (Date)</p> <p><u>Kathleen A. Tyrrell</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Kathleen A. Tyrrell</u> (Signature)</p>			
Note: Each paper must have its own certificate of mailing.			